

ASSIGNMENT

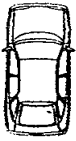
Surveyor: OI SUN PIN

DOI: 16/12/2020

Date / Time : 16/12/2020

Registered in Merimen: 16/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 2840Z

Claim No. : MFL2020D0002682

Name of Insured : _____

Policy No. : D20MFL0003256

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 08/12/2020 15:40

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

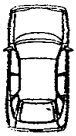
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

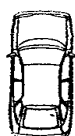
SG 5942L



INSRS:
WSP: SMRT,WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SG 5942L - X | PC 2840Z - X | STAGE | DATE / PIC |
|--------------------------------------|--|---------------------------------------|---|-------------------------------|
| | | | Non-Reporting ltr (1st): | |
| | | | Non-Reporting ltr (2nd): | |
| | | | Non-Reporting ltr (Final): | |
| | | | Notification ltr (if non-pickup): | |
| | | | Call OI: | |
| | | | After call ltr to OI: | |
| | | | Documentation Check List: Handler Typist | |
| | | | Notification ltr (if non-pickup) | <input type="checkbox"/> |
| | | | After call ltr to OI: | <input type="checkbox"/> |
| | | | Authorisation To Act: | <input type="checkbox"/> |
| | | | Release Voucher: | <input type="checkbox"/> |
| | | | Final Repair Bill: | <input type="checkbox"/> |
| | | | Car Rental Invoice: | <input type="checkbox"/> |
| | | | Towing Invoice | <input type="checkbox"/> |
| | | | LTA / GIA : | <input type="checkbox"/> |
| | | | Medical Bill: | <input type="checkbox"/> |
| | | | PIR: | <input type="checkbox"/> |
| | | | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | | | LOD | <input type="checkbox"/> |
| | | | Payment Breakdown Form: | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: | | Sent By: | Post-Repair Photos: | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> |
| FINALIZATION Date/Time: | | Confirm with: | Confirm by: | |
| Repair Cost: P/P | S\$ 2,917.12 | (1 days) Reduction: \$265.00 % 8 | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: | 10/09/2021 | Confirm with WEI TECK | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Final Liability: | % 100 | (Agreed / Assessed) BOLA S/N No. : 15 | If NO or B 28, Ass. Lia : | |
| Repair Cost: | S\$ 2,917.12 | | | |
| Loss of Rental (LOR): | S\$ | (days) | | |
| Loss of Use (LOU): | S\$ 650.00 | (\$ 325 x 2 days) | | |
| Loss of Income (LOI): | S\$ | (\$ x days) | | |
| LOR only <input type="checkbox"/> | LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/> | [Tick only one] |
| GIA/LTA Search | S\$ 7.00 | | | |
| Medical: | S\$ | | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle | |
| Disbursement: | S\$ | (e.g. Tow/ Independent) | 2) Report Format: TP | |
| Legal Cost | S\$ | | 3) Survey fee: \$350.00 | |
| Total: | S\$ 3,574.12 | Global Sum S\$: | | |
| FINAL PAYMENT Date/Time: | | Confirm with: | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Payee 1: | S\$ 3,574.12 | Name 1: | SMRT BUSES LIMITED | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | | |